

## INFORMED CONSENT AND RELEASE OF LIABILITY

☐ Walkin (DCFS	Use Only)	
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State of Utah

The Utah Department of Human Services, Division of Child and Family Services is authorized to investigate any past and present child abuse information which may be pertinent to your application according to UCA 62A-4a-1006 and UCA 78B-6-128. The release of any and all information is authorized whether it is of record or not.

INSTRUCTIONS							
Please PRINT legibly or TYPE, complete all information requested							
2. Submit form with a <u>legible</u> and <u>current</u> copy of one of the following photo identifications:		a. Valid Driver License b. State Identification Card c. Passport					
3. Please send <u>completed</u> form and <u>copy of photo ID</u> to Division of Child & Family Services by:		a. EMAIL: dcfscentralregistry@utah.gov b. FAX: Attn: Child Abuse Background Screening 801-538-3993 c. MAIL: Division of Child & Family Services Attn: Child Abuse Background Screening 195 North 1950 West Salt Lake City, UT 84116					
APPLICANTS INFORMATION							
Last Name	First Name	;		Full Given Middle Name	☐ Initial Only ☐ None		
Former Names Including Married, Maiden, Aliases, Nicknames, Middle Name							
Date of Birth Social Security Number	mber Phone Number		F	Email			
Current Address							
City	State			Zip Code			
REASON FOR REQUESTING A BACKGROUND SCREENING							
Private Adoption Step Parent Adoption Foster/Adoptive Parent Requirement (Adam Walsh)							
□ Custody Evaluation       □ Gestational Surrogacy       □ Other (explain):         □ Volunteer/Employment       Name of Agency:							
(see Utah Statute 62A-4a-412 (2)(a)&(b) before requesting)  RETURN RESULTS OF BACKGROUND SCREENING TO:							
Return to Applicant Mail Email							
Mailing Address:		City		State	ZIP Code		
☐ Fax:	☐ Email:		il:				
By signing below, I certify that I have read and understand this entire form, and that the information I have provided here is true, accurate, and complete to the best of my knowledge. I understand that providing false or incomplete information may result in delaying or possibly denying my request for background screening. It Is also my understanding that under Utah Law, it is a crime for an unauthorized person to require me to request a background screening as a condition of employment, I also understand that the Division of Child and Family Services may not release the results of this background screening unless I give my written consent, or unless such Is authorized by law. I do hereby release all persons and entities from any legal liability, for furnishing such information to the State of Utah, Division of Child and Family Services.							
Signature of Applicant (no electronic signatures):					Date:		
RESPONSE FROM UTAH DIVISION OF CHILD AND FAMILY SERVICES To be completed by DCFS Only							
The result of a Utah Child Abuse/Neglect Registry check has been completed and the following data is provided:							
Based on the information provided, as of the date of this search, NO supported history was found in the Utah Child Abuse/Neglect Registry							
Based on the information provided, as of the date of this search, the above named person has been identified as a perpetrator in the Utah Child Abuse/Neglect Registry							
*For further review, please see attached form with case number and contact information. (For applicant only)  Completed by: DCFS Background Screening Coordinator   Signature:   Date:							
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